

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Friends of Medical Research Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Mahnaz Moinian**

Mailing Address 655 Park Avenue  
Apartment 2F

City New York State NY Zip Code 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2015  
**Transaction ID : SA11AI.4489**

Amount of Each Receipt this Period  
5000.00

FOMR PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Mahtab Moinian**

Mailing Address 655 Park Avenue  
Apartment 2F

City New York State NY Zip Code 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2015  
**Transaction ID : SA11AI.4490**

Amount of Each Receipt this Period  
5000.00

FOMR PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. Matthew Moinian**

Mailing Address 260 West 54th Street  
Apartment 44C&D

City New York State NY Zip Code 10019

FEC ID number of contributing federal political committee. **C**

Name of Employer The Moinian Group Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2015  
**Transaction ID : SA11AI.4475**

Amount of Each Receipt this Period  
5000.00

FOMR PAC Individual Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00

**TOTAL** This Period (last page this line number only)..... ▶